

Withdrawal request form

Please use black ink and write in CAPITAL LETTERS or tick as appropriate.

Any corrections must be initialled by all parties signing this form. Please do not use correction fluid as this will invalidate your form.

For Policies under trust, use of this form will give rise to obligations under the Trust Registration Service(TRS). Further information on registration can be found at gov.uk/guidance/ register-a-trust-as-atrustee You will need to send us the proof of registration document along with this form. We cannot action your request until we receive this document, or the exemption reason, so encourage you to provide this in a timely manner. If you previously provided us a copy we require an up to date version which must be dated within the last 30 days. If the action you are taking will mean closure of the TRS record then ensure you print or save a copy of the proof of declaration before closing the record.

About this form

Please ensure this form is fully completed and signed by all relevant parties before returning it to us. If you need to contact us you can do so on 0345 640 3000.

Copies of the plan terms & conditions and the completed application form are available on request.

Part 1 – Please complete in all cases	
Policy Number(s). You can use this form for multiple poliidentical fund split.	cies, up to 10, only where they currently have an
Bond Number	
I am/we are entitled (as Trustees*) to the proceeds from to be made in terms of the instructions detailed overleaf Investor's Name	
Signed at	Place on D D M M Y Y Y Y
Second Investor's Name	Signature of Second Investor
Signed at	Place on D D M M Y Y Y Y
Is this/Are these policy(ies) Assigned? Yes	No lf Yes please obtain the signature of Assignees (see Part 2 overleaf).
Is this/Are these policy(ies) written Yes under Trust?	No If Yes please obtain the signature of all Trustees who are not also Investors (see Part 3 overleaf).
Depending on the type of trust and its provisions, the So any withdrawals. Please speak to your financial adviser advice given.	

Part 2 – Policy(ies) assigned	
I, the assignee, consent to the withdrawal provisions	as detailed overleaf.
Signature of duly authorised person	Office stamp (if appropriate) below:
on Behalf of	
(Name of Assignee	2)
Signed at	
(Place)	
on	
Note: Prudential reserves the right to examine any re	elevant Deeds of Title before making payment under
the policy(ies).	
Part 3 – Policy(ies) under trust	
If there are more than two Trustees who are not Inves	stors please obtain their signatures in a similar format.
I am/we are entitled as Trustees to the proceeds from payments to be made in terms of the instructions det	
Name of Trustee	
Signature of Trustee	
Signed at	Place on D D M M Y Y Y Y
Signed at	Trace on D D M M I I I I
Name of Trustee	
Name of flustee	
Signature of Trustee	
Signed at	Place on D D M M Y Y Y Y

Please note that we cannot make payment to a third party.

Important Note: Full surrender of a policy and partial surrender of units in several policies will have different tax consequences. If you require any further information or advice, please contact your financial adviser. Your adviser may charge for any advice given.

This information is based on our understanding of current UK taxation, legislation and HM Revenue & Customs practice, all of which are liable to change without notice. The impact of taxation (and any reliefs) depends on individual circumstances.

Tick one box only

This form should be completed and sent to Prudential, Lancing BN15 8GB.

Part 4 – Payment instructions	
Please provide your payment instructions below. Paymunless you tell us that a cheque is required.	nent will be made directly to the account details provided
Account name/payee	Sort code
Account number	Roll number (if applicable)
Is a cheque required? Yes No	
If yes, cheque is to be made in favour of:	
Name	
and sent to:	
Name	
Address	
	Postcode
Important note: Partial Withdrawals are not available on all policies, an you want to check the availability of this option for you	nd may be limited on others. Please contact Prudential if ir policy(ies).
1. Please provide £	by cancelling an equal proportion of units in each Fund
2. Please provide cash by cancelling %	of the total current fund value by cancelling an equal proportion of units in each fund.
For the following please specify which fund and percer	ntage or cash value to be withdrawn from that fund:
3. Please provide £	by cancelling the appropriate number of units in the fund specified below.
4. Please provide cash by cancelling %	of the total current fund value from the fund specified below.
Fund Name:	
The following option is available only for FIB Series 3 (I	New) and FIB Series 4 and some Personal Security Plans
5. Please provide cash by cancelling %	of the original investment from across all funds evenly.
6. The following option is available only for Flexible In	
Please provide cash by cancelling	clusters. (please insert number of clusters)
	clusters. (pieuse inservinamber of clusters)
7. Please provide cash by cancelling all units he	

